

Attorney Docket No.

BIRCH, STEWART, KOLASCH & BIRCH, LLP P.O. Box 747 Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

my name; that I verily bell original, first and joint inv which a patent is sought of the specification of which	r, I hereby declare that: my residence ieve that I am the original, first and ventor (if plural inventors are name in the invention entitled:" Transgen h is attached hereto. If not attached is filed on ation Number February 24, 2000 tion Number PCI/JP00/01060 Article 19 on	sole inventor (if only one invent d below) of the subject matter v ic Mollusk and Method for Pr d hereto.	tor is namedbelow) or an which is claimed and, for roducing the Same
I hereby state that I hereby, as amended by any I acknowledge the du Federal Regulations, §1.56 I do not know and do our invention thereof, or period of the subject of an inventor's ce America on an application designs) prior to this applifiled in any country foreign assigns, except as follows. I hereby claim fore application(s) for patent of	ave reviewed and understand the co y amendment referred to above. ty to disclose information which is	material to patentability as defi wn or used in the United States d publication in any country be the same was not in public use n, that the invention has not be is application any country foreig tive or assigns more than twelve patent or inventor's certificate or or to this application by me or m 35, United States Code, §11 and have also identified below a	cification, including the ined in Title 37, Code of of America before my or fore my or our invention or on sale in the United en patented or made the n to the United States of months (six months for this invention has been y legal representatives or the United States of this invention has been y legal representatives or the United States of th
Prior Foreign Application	on(s)		Priority Claimed
48444/99	Japan	02/25/99 (Month/Day/Year Filed)	Yes
(Number)	(Country)	(Month/Day/Year Filed)	
(Number) I hereby claim the benefit listed below.	(Country) under Title 35, United States Code	(Month/Day/Year Filed) e, §119(e) of any United States p	rovisional applications(s)
(Application Number)		(Filing Date)	
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	if any, for any Patent or Inventor's Date of This Application:	s Certificate Filed More than 12	2 Months (6 Months for
Country	Application Number	Date of Filing (Mont	h/Day/Year)
States and/or PCT applications and the duty to	under Title 35, United States Code, subject matter of each of the claimation in the manner provided by the disclose information which is mate which became available between the of this application.	e first paragraph of Title 35, Un e first paragraph of Title 35, Un erial to the patentability as defi	ited States Code, §112, I ned in Title 37, Code of
(Application Number)	(Filing Date)	(Status - patente	d, pending, abandoned)
(Application Number)	(Filing Date)	(Status - patente	d, pending, abandoned)

Attorney Docket No.

I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys withat written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or P.O. Box 747 · Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 · Facsimile: (703) 205-8050

Customer No. 2292

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Residence (City, State & Country) Shima-gun, Mie, Japan POST OFFICE ADDRESS (Complete Street Address including City, State & Country) 822-4, Koshika, Shima-cho, Shima-gun, Mie 517-0704 Japan GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE* POST OFFICE ADDRESS (Complete Street Address including City, State & Country) POST OFFICE ADDRESS (Complete Street Address including City, State & Country) GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE*	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	7	DATE*			
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